REMARKS/ARGUMENTS

Claims 1-10 are in the application. All of the claims have been rejected on art. The claims have been amended to distinguish from the cited art.

Claims 1, 4-6, 9 have been rejected under 35 U.S.C. 102(e) as being anticipated by Honebrink et al. This rejection is respectfully traversed for the following reasons.

The sheath of Honebrink et al does not have a slit for removing it from a catheter as required by claim 1. On the contrary, Honebrink et al recite that their sheath must be split along a scored line (see column 4, lines 26-41). Thus, to be opened, the sheath must be torn along the scored line or, alternatively, as, recited at column 4, 1ines 36-38, the sheath can be split by using a slitting device, a rip cord or a strengthening strip running along the longitudinal dimension of the sheath.

The withdrawal of the canula of Honebrink et al therefore requires application of a force to rupture the wall of the canula along its length. This force, which must be great enough to create an opening in the wall of the canula, is substantial enough to be transmitted to the catheter. An effort is therefore required to firmly maintain the catheter in its position. There is a risk of disturbing the catheter and possibly causing its ejection.

In the case locoregional anesthesia, the device needs to reach the close surroundings of nerves. Due to the precise localization of injection of anesthesia, when a catheter is introduced, it must

not move during the withdrawal of the canula. Honebrink et al do not teach any solution to such problem and in particular do not teach or suggest to provide the canula with a longitudinal opening in the form of a slit from end to end, allowing the withdrawal of the canula without moving the introduced catheter. Nowhere do Honebrink et al suggest that their catheter introducing system is suitable for use with an electrical stimulation needle.

For the foregoing reasons, reconsideration and withdrawal of the rejection of claim 1 as anticipated by Honebrink et al is believed appropriate.

Claim 2 has been rejected under 35 U.S.C. 103(a) as being unpatentable over Honebrink et al in view of Falvai et al. Although the Examiner concedes that Honebrink et al is silent as to the materials used to form the device, it is the Examiner's contention that it is well known in the art to use synthetic resins to form medical devices and that it would have been obvious to one of ordinary skill in the art at the time of invention to modify the device of Honebrink et al to be formed of a synthetic resin as taught by Falvai.

Claim 1 has been amended by including the limitations of claim 2, which has now been cancelled, and further reciting that the shaft is more flexible than the hub. Support for the latter limitation is found at page 3, lines 1-3 of the specification. Nowhere in cited art is there any disclosure of the shaft being more flexible than the hub. Accordingly, claim 1 is now also

considered patentable as not obvious over Honebrink et al in view of Falvai.

Claims 3-9, all of which depend from claim 1, are also now believed to be patentable for the reasons advanced in support of the patentability of claim 1.

Method claim 10 has been rejected under 35 U.S.C. 103(a) as unpatentable over Honebrink et al in view of Melsky. The Examiner concedes that Honebrink et al is silent as to the method of manufacturing the device as described in claim 9. Melsky is relied upon as teaching a method of manufacturing a slit valve catheter wherein one member is glued into another member and then the first member is slit by any appropriate means. It is the Examiner's contention that it would have been obvious to one of ordinary skill in the art at the time of invention to glue the canula of Honebrink et al into the slit hub and then slit the canula as taught by Melsky.

Melsky teaches, at column 3, lines 49-50, as cited by the examiner, that a sleeve which corresponds to applicants' hub can be slit after it is bonded to a catheter. In Melsky, the sleeve is at the base of the catheter.

Claim 10 is directed to a method of manufacturing a canula, not a catheter. Claim 10 requires that the hub of the canula be slit before the shaft is inserted into the slit in the hub. Melsky merely teaches that a sleeve at the base of a catheter can be slit after the catheter is inserted into the sleeve.

The method steps of claim 10 are not disclosed by Melsky nor are they rendered obvious when Honebrink et al is considered in view of Melsky. Accordingly, reconsideration and withdrawal of the rejection of claim 10 is believed appropriate.

In view of the foregoing, it is respectfully submitted that the application is now in condition for allowance. Early and favorable action is earnestly solicited.

A Request for Continued Examination accompanies this Amendment.

Any unpaid fee required to keep this case alive may be charged to deposit account 06-0735.

Respectfully Submitted,

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